

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11102</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Byron Paul Austin</u> P.O. Box, Bldg., Room No., if any Street <u>10221 E. 40 Hwy</u> City <u>Independence,</u> State <u>MO</u> ZIP Code + 4 <u>64055</u>	4. Name, file number, and address of labor organization. Name <u>Graphic Communications Intl Union</u> Labor Organization File Number <u>028 761</u> Local <u>235-M</u> P.O. Box, Building and Room Number, if any Street <u>10221 E. 40 Hwy</u> City <u>Independence</u> State <u>MO</u> ZIP Code + 4 <u>64055</u>
5. Position in labor organization. <u>Secretary/Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-10-05

Date

816-358-4248

Telephone Number

Name of Person Filing Byron Paul Austin		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Montag & Caldwell</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3455 Peachtree Rd., NE Suite 1200</p> <p>City Atlanta</p> <p>State GA ZIP Code + 4 30326</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW, Suite 950</p> <p>City Washington</p> <p>State DC ZIP Code + 4 20036-5034</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Investment Manager</p>
	<p>11.b. Approximate dollar value of such dealing. 152,490.00</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">Dinner on 2/8/04 during trustee meetings.</p>
	<p>12.b. Amount. \$198.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>
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Name of Person Filing Byron Paul Austin	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name The Boston Company Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Boston Place City Boston State MA ZIP Code + 4 02108-4408	9. Business deals with. a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Graphic Arts Industry Joint Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 L Street, NW, Suite 950 City Washington State DC ZIP Code + 4 20036-5034	11.a. Nature of such dealing. Investment Manager <hr/> 11.b. Approximate dollar value of such dealing. 353,529.07 12.a. Nature of interest held or income received. Dinner 9/26/04 during trustee meeting. <hr/> 12.b. Amount. \$154.57

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 30px; float: right;"></div>

Name of Person Filing Byron Paul Austin		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lazard Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State NY ZIP Code + 4 10020</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW, Suite 950</p> <p>City Washington</p> <p>State DC ZIP Code + 4 20036-5034</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p>
	<p>11.b. Approximate dollar value of such dealing. 233,638.03</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner on 9/27/04 during trustee meeting.</p>
	<p>12.b. Amount. \$100.84</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Byron Paul Austin		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PIMCO Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 840 Newport Center Drive Suite 300 City Newport Beach State CA ZIP Code + 4 92660	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Graphic Arts Industry Joint Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 L Street, NW, Suite 950 City Washington DC State ZIP Code + 4 20036-5034	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">Investment Manager</div>
11.b. Approximate dollar value of such dealing. 101,332.27	
12.a. Nature of interest held or income received. <div style="text-align: center;">Dinner on 5/16/04 during trustee meeting.</div>	
12.b. Amount. \$45.35	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="height: 100px;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Byron Paul Austin		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name West LB Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5555 San Felipe, 20th Floor</p> <p>City Houston</p> <p>State TX ZIP Code + 4 77056-2723</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW, Suite 950</p> <p>City Washington</p> <p>State DC ZIP Code + 4 20036-5034</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 63,364.82</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner on 5/16/04 during trustee meeting.</p> <hr/> <p>12.b. Amount. \$45.35</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Byron Paul Austin		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Clifton Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 309 Clifton Ave.</p> <p>City Minneapolis</p> <p>State MN ZIP Code + 4 55403</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW, Suite 950</p> <p>City Washington</p> <p>State DC ZIP Code + 4 20036-5034</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Investment Managers</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 58,670.60</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner on 5/16/04 during trustee meeting.</p> <hr/> <p>12.b. Amount. \$45.35</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>
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Name of Person Filing **Byron Paul Austin**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Graphic Arts Industry Joint Pension Trust**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1900 L Street, NW, Suite 950**City **Washington**State **DC** ZIP Code + 4
20036-5034

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Same as #8**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Mr. Byron Austin is a trustee of the fund.11.b. Approximate dollar value of such dealing. **N/A**

12.a. Nature of interest held or income received.

Mr. Byron Austin received reimbursement for or payment by the Fund of air fare travel, lodging and meals, lawfully incurred in attending trustee meetings12.b. Amount. **\$3792.29**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Byron Paul Austin	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>During the reporting period of 1/1/04 through 12/31/04 I had meals with employer of the members of Local 235M. I do not recall who paid for the meals or what my share would have been if paid by employer.</p> <p>12.b. Amount. Unknown</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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